

## Application Data Sheet

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### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	128/200
Suggested Group Art Unit::	3600
CD-ROM or CD-R::	None
Title::	Method and System for Tracking and Monitoring Patient Compliance with Medical Device Usage Prescription
Attorney Docket Number::	02-29
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	2
Total Drawing Sheets::	2
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appln.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gregory
Family Name::	Yruko
City of Residence::	Murrysville
State or Province of Residence::	Pennsylvania
Country of Residence::	USA
Street of mailing address::	8007 Brendina Court
City of mailing address::	Murrysville
State or Province of mailing address::	Pennsylvania
Country of mailing address::	USA
Postal or Zip Code of mailing address::	15668

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kevin
Family Name::	Bowen
City of Residence::	Pittsburgh
State or Province of Residence::	Pennsylvania
Country of Residence::	USA

Street of mailing address:: 128 Old Farm Road  
City of mailing address:: Pittsburgh  
State or Province of mailing address:: Pennsylvania  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 15239

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Family Name:: D'Angelo  
City of Residence:: Harrison City  
State or Province of Residence:: Pennsylvania  
Country of Residence:: USA  
Street of mailing address:: 147 Harvest Lane  
City of mailing address:: Harrison City  
State or Province of mailing address:: Pennsylvania  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 15636

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rochelle  
Family Name:: Eisert  
City of Residence:: Pittsburgh  
State or Province of Residence:: Pennsylvania  
Country of Residence:: USA  
Street of mailing address:: 6554 Darlington Road  
City of mailing address:: Pittsburgh  
State or Province of mailing address:: Pennsylvania  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 15217

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: H  
Family Name:: Kissel  
City of Residence:: Harrison City  
State or Province of Residence:: Pennsylvania  
Country of Residence:: USA  
Street of mailing address:: 11 High Point Circle  
City of mailing address:: Harrison City  
State or Province of mailing address:: Pennsylvania

Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 15636

**Correspondence Information**

Correspondence Customer Number:: 30031

**Representative Information**

Representative Customer Number:: 30031

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Non-Provisional of	60/406,247	08/27/02